

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lw</i>	<i>68904</i>	<i>8/3/00</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>8/12/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SB</i>	<i>59222</i>	<i>9-15-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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